

Second Copy—Owner's Copy  
Third Copy—Driller's Copy

STATE OF WASHINGTON

Water Right Permit No.

259387 -

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(1) OWNER: Name Robert J. Felt Address Carefree Acres Water Assoc, Inc

(2) LOCATION OF WELL: County ESSEX 1/4 1/4 Sec. 2 T. 31 N., R. 25 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) Summit Drive Unit 9, Flat at Creech Acres Div.

(3) PROPOSED USE: ☐ Domestic Industrial ☐ Municipal ☒  
☐ Irrigation ☐ Test Well ☐ Other ☐  
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) \_\_\_\_\_

Abandoned <input type="checkbox"/>	New well <input checked="" type="checkbox"/>	Method: Dug <input type="checkbox"/>	Bored <input type="checkbox"/>
Deepened <input type="checkbox"/>		Cable <input checked="" type="checkbox"/>	Driven <input type="checkbox"/>
Reconditioned <input type="checkbox"/>		Rotary <input type="checkbox"/>	Jetted <input type="checkbox"/>

(5) **DIMENSIONS:** Diameter of well 52 6 inches.  
Drilled 412 feet. Depth of completed well 412 ft.

**(6) CONSTRUCTION DETAILS:**

Casing installed: 6 " Diam. from 0 ft. to 365 ft.  
 Welded ☒ 5 " Diam. from 40 ft. to 412 ft.  
 Liner installed ☐  
 Threaded ☐ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☒

Type of perforator used \_\_\_\_\_

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**Screens:** Yes ☒ No ☐

Manufacturer's Name Johnson  
Type Stainless Steel Model No. 314  
Diam. 5" Slot size 20 from 377 ft. to 407 ft.  
Diam. 5" Slot size 18 from 407 ft. to 412 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.  
Material used in seal  Bentonite & clay   
Did any strata contain unusable water? Yes ☐ No ☒  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_

(7) **PUMP:** Manufacturer's Name \_\_\_\_\_

Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) **WATER LEVELS:** Land-surface elevation above mean sea level 260 ft.  
 Static level 206 ft. below top of well Date 9/24/69  
 Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_  
 Artesian water is controlled by \_\_\_\_\_ (Cap valve, etc.)

(9) **WELL TESTS:** Drawdown is amount water level is lowered below static level  
Was a pump test made? Yes ☒ No ☐ If yes, by whom? Driller  
Yield: 80 gal./min. with 85 ft. drawdown after 4 hrs

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
1700	241	1720	230	1740	214
1730	240	1740	226	1750	208
1750	236	1753	220	1800	206

Date of test 7/24/69

Bailer test 20 gal./min. with 10 ft. drawdown after 3 hrs.

Airtest \_\_\_\_\_ gal. / min. with stem set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water 51° Was a chemical analysis made? Yes ☒ No ☐

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

**Formation:** Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

[illegible]

Work started AUG 5 1969, 19. Completed SEP 24 69, 19.

**WELL CONSTRUCTOR CERTIFICATION:**

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Kimberly Bell (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 747 N. Santa Fe Rd.

(Signed) Ab Tucker License No. 368  
(WELL DRILLER)

Contractor's  
Registration  
No. KWD-1243 Date Oct 17, 19 70

(USE ADDITIONAL SHEETS IF NECESSARY) App 2



# Well Tagging Form

Unique Well Tag No: AKY 728

## RECORD VERIFICATION (check ☒ one)



Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you).

If a well report is not available, please complete a "Water Well Report for an Existing Well" form. This form is available at Ecology's headquarters office. **Do not use this form for wells that do not have a Water Well Report.**

## WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: Care Free Acres Water Association Last Name:

Street Address: 285 Care Free Lane

City: Camano Island State: WA 98282

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: 273 Sunset Drive, Parcel S6315-00-00009-2

City: Camano Island County: Island

T. 31 N. R. 2 E W.M. Sec. 3 NE  $\frac{1}{4}$  of the SE

Latitude

Longitude

Elevation at land surface 215 feet/meters (circle one)

SEE BACK SIDE OF PAGE...

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## WELL CHARACTERISTICS

Location of Well identification Tag:

g: Strapped to well casing

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1:24,000 (1" = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point

SECTION

3

COMMENTS: